

Invoice Validation Checklist

Date: _____

To: _____

From: _____

Checklist Items:

- Invoice Number is Correct
- Invoice Date is Accurate
- Vendor Information is Complete
- Total Amount Matches Purchase Order
- Line Items are Detailed and Correct
- Payment Terms are Clearly Stated
- Appropriate Tax Information Included
- Authorized Signature is Present
- Supporting Documents Attached (if needed)
- Any Discrepancies Documented

Please ensure all items are checked and validated before processing the invoice.

Thank you!